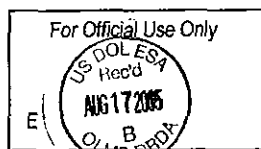


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text" value="033-178"/> 18052	2. Fiscal Year Covered From: <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2004"/> Through: <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Dennis"/> <input type="text" value="C"/> <input type="text" value="Caughey Sr"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="13111 N Rt 29"/> City <input type="text" value="Chillicothe"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61523"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="UA Plumbers Local 63"/> Labor Organization File Number <input type="text" value="033-178"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="116 Harvey Court"/> City <input type="text" value="East Peoria"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61611"/>
5. Position in labor organization. <input type="text" value="Recording Secretary"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text" value="UA Plumbers Local 63"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="116 Harvey Court"/> City <input type="text" value="East Peoria"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61611"/>	7.a. Nature of Interest, Transaction, or Income. <div><p>Please be advised that, based on the records that are currently in my possession related to the Fiscal year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.</p></div> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="8/3/05"/> Date	<input type="text" value="(309) 579-2877"/> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **9. Business deals with:**☐ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employees name.**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **11.a. Nature of such dealing.****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****12.b. Amount.****C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.**